

REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR920010072US1
(590.044)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ellen M. Eide
Serial No. : 09/821,404 Examiner : James S. Wozniak
Filed : March 29, 2001 Group Art Unit : 2655
For : SPEECH RECOGNITION USING DISCRIMINANT FEATURES

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9314 on May 18, 2004 to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

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5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total	25	** 25	= * 0	x \$9	=	O	x \$18	=
Claims						R		
Ind.	3	*** 3	= * 0	x \$43	=	O	x \$86	=
Claims						R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$145	=	O	+ \$290	=
						R		
				TOTAL	= \$	O	TOTAL	= \$
						R		

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By


 Stanley D. Ference III
 Reg. No. 53,879
Dated: May 18, 2004

Mailing Address:

 Customer No. 35195
FERENCE & ASSOCIATES
 400 Broad Street
 Pittsburgh, Pennsylvania 15143
 (412) 741-8400
 (412) 741-9292 - Facsimile

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(590.016)

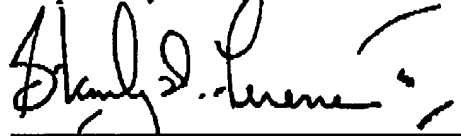
Applicant is other than a small entity and the extension fee required under 37

C.F.R. § 1.17(a)-(d) is calculated below:

	large entity	small entity
() one month	\$110	\$55
(X) two months	\$420	\$210
() three months	\$950	\$475
() four months	\$1,480	\$740
() five months	\$2,010	\$1,005

Attached hereto is a completed Credit Card Payment Form. Please charge the credit card identified thereon in the amount of \$420.00 to cover the extension of time fee for two (2) months. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or credit **IBM Corporation Deposit Account No. 50-0510** as required to correct the error.

Respectfully submitted,



Stanley D. Ference III
Registration No. 33,879

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